

Instructions: This form is to be used for payment of an electronically filed Tobacco Products tax report or for payment of an adjustment to your report that was initiated by the Michigan Department of Treasury. If you are paying on a proposed adjustment, include a copy of the letter to which your payment applies. You must use a separate coupon for each payment, however you may write one check. If you have any questions concerning this form please call the Customer Contact Division, Special Taxes Section - Tobacco Products Tax Unit at (517) 636-4630.

Detach here and mail in coupon only

Michigan Department of Treasury
4241 (9-04)

Tobacco Products Tax Payment/Proposed Adjustments Coupon

Issued under P.A. 327 of 1993, as amended.

CHECK BOX THAT APPLIES

☐ Payment is for proposed adjustment for the file period _____
(mm/yy)

☐ Regular/amended Tobacco Products payment. Payment is for an original/amended electronically filed Tobacco Products tax report for the file period _____
(mm/yy)

Business Name	Account Number	Payment Enclosed
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Make checks payable to "State of Michigan" and mail with this coupon to:
Michigan Department of Treasury; P.O. Box 77628; Detroit, MI 48277-0628